

FEE TRANSMITTAL FOR FY 2005

(FY 2005 Begins 10/01/2004)

TOTAL AMOUNT OF PAYMENT (\$) 196.00

Please complete if Known:

Application N. 09/659,864
Filing Date 9/12/00
First Named Inventor Vogel
Examiner Name Tran, T.
Art Unit 2134
Attorney Docket No. 04860.P2436

Applicant claims small entity status. See 37 CFR 1.27.

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None

Deposit Account

Deposit Account Number : 02-2666

Deposit Account Name: _____

The Director is Authorized to do the following with respect to the above-identified Deposit Account:

Charge fee(s) indicated below.

Credit any overpayments.

Charge any additional fees during the pendency of this application.

Any concurrent or future reply that requires a petition for extension of time should be treated as incorporating an appropriate petition for extension of time and all required fees should be charged.

Charge fee(s) indicated below except for the filing fee.

FEE CALCULATION

RECEIVED

NOV 22 2004

Technology Center 2100

1. BASIC FILING FEE

Large Entity	Fee	Small Entity	Fee	Fee Description	Fee Paid
C de	Fee (\$)	Code	Fee (\$)		
1001	790	2001	395	Utility application filing fee	_____
1002	350	2002	175	Design application filing fee	_____
1003	550	2003	275	Plant filing fee	_____
1004	790	2004	395	Reissue filing fee	_____
1005	160	2005	80	Provisional application filing fee	_____
SUBTOTAL (1) \$ <u>0</u>					

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

	Extra Claims	Fee from below	Fee Paid
Total Claims <u>51</u>	$- 45^{**} = 5$	X <u>18.00</u>	= <u>108.00</u>
Independent Claims <u>8</u>	$- 7^{**} = 1$	X <u>88.00</u>	= <u>88.00</u>
Multiple Dependent			

**Or number previously paid, if greater; For Reissues, see below.

Large Entity	Fee	Small Entity	Fee	Fee Description
Code	Fee (\$)	Code	Fee (\$)	
1202	18	2202	9	Claims in excess of 20
1201	88	2201	44	Independent claims in excess of 3
1203	300	2203	150	Multiple dependent claim, if not paid
1204	88	2204	44	**Reissue Independent claims over original patent
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) \$ 196.00

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FEE CALCULATION (continued)

3. ADDITIONAL FEES

<u>Large Entity</u>	<u>Small Entity</u>	<u>Description</u>	<u>Fee Paid</u>
C d	C de	Fee (\$)	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1813	8,800	1813	8,800
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	430	2252	215
1253	980	2253	490
1254	1,530	2254	765
1255	2,080	2255	1,040
1401	340	2401	170
1402	340	2402	170
1403	300	2403	150
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,370	2453	685
1501	1,370	2501	685
1502	490	2502	245
1503	660	2503	330
1460	130	1460	130
1807	50	1807	50
1808	180	1806	180
8021	40	8021	40
1809	790	2809	395
1814	110	2814	55
1810	790	2810	395
1801	790	2801	395
1802	900	1802	900
1504	300	1504	300
1505	300	1505	300
1803	130	1803	130
1808	130	1808	130
1454	1,370	1454	1,370
Acceptance of unintentionally delayed claim for priority _____			

Other fee (specify) _____

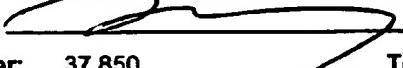
Other fee (specify) _____

SUBTOTAL (3) \$ 0

*Reduced by Basic Filing Fee Paid

SUBMITTED BY:

Typed or Printed Name: Sheryl Sue Holloway

Signature:  Date: NOV. 11, 2004

Reg. Number: 37,850 Telephone Number: 408-720-8300

Send to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

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Based on Form PTO/SB/17 (08-03) as modified by BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP on 09/30/04.